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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
yo pid ex	Write the name that is on your government-issued picture identification (for example, your driver's	Danielle First name	First name
	license or passport).  Bring your picture identification to your meeting with the trustee.	Middle name	Middle name
		Marazzi Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3018	

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Case number (if known)

Debtor 1 Danielle Marazzi

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 72 King George Road Warren, NJ 07059 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Somerset County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Page 3 of 71 Debtor 1 Danielle Marazzi

Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
		(Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7								
		☐ Chap								
		☐ Chap								
		_ `								
		■ Chap	ter 13							
8.	How you will pay the fee	abo	out how you may p	pay. Typically, if you are paying the fey is submitting your payment on your	check with the clerk's office in your local court fo be yourself, you may pay with cash, cashier's che behalf, your attorney may pay with a credit card	eck, or money				
				e in installments. If you choose this stallments (Official Form 103A).	option, sign and attach the Application for Individ-	duals to Pay				
		but app	is not required to plies to your family	o, waive your fee, and may do so only y size and you are unable to pay the	option only if you are filing for Chapter 7. By law, if your income is less than 150% of the official perion in installments). If you choose this option, you official Form 103B) and file it with your petition.	overty line that				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.								
		■ No.								
	iast o years :	□ res.	District	When	Case number					
			District	When	Case number					
			District	When	Case number					
10	Are any bankruptcy									
10.	cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor		Relationship to you					
			District	When	Case number, if known					
			Debtor		Relationship to you					
			District	When	Case number, if known					
11.	Do you rent your	■ No.	Go to line 12.							
	residence?	☐ Yes.	Has your landl	lord obtained an eviction judgment ag	gainst you?					

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

	Case to ZZ1Z3 MDN	1 11CG 00/23/	10 Entered 00/25/10 10:15:54	DC3C Main
		Document	Page 4 of 71	6/25/18 10:12AM
Debtor 1	Danielle Marazzi		Case number (if known)	

Part	Report About Any Bu	sinesses	You Own	as a Sole Proprieto	or		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of busin	ness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code		
	it to this petition.		Check	the appropriate box	to describe your business:		
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real E	Estate (as defined in 11 U.S.C. § 101(51B))		
				☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))			
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))		
				None of the above			
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?		deadlines	s. If you in s, cash-flo	dicate that you are a ow statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	No.	I am n	ot filing under Chapt	er 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	ling under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	Penort if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention		
			i iazai uo	us i roperty of Arry	Troperty That Needs ininiediate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is t	he hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?			
immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				the property?	Number, Street, City, State & Zip Code		

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Debtor 1 Danielle Marazzi

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **1** 200-999 19. How much do you **□** \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Danielle Marazzi Signature of Debtor 2 Danielle Marazzi Signature of Debtor 1 Executed on Executed on June 25, 2018 MM / DD / YYYY MM / DD / YYYY

Debtor 1

**Danielle Marazzi** 

Debtor 1 Danielle Marazzi

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Karina Pia	a Lucid	Date	June 25, 2018	
Signature of At	torney for Debtor		MM / DD / YYYY	
Karina Pia Lu	ucid			
Karina Pia Lu	ucid, Esq., LLC			
	er, NJ 07938-0230			
Number, Street, City	, State & ZIP Code			
Contact phone 9	08 350 7505	Email address	klucid@karinalucidlaw.com	
NJ				
Bar number & State				

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on to identify your cas	e:		
Danielle Marazzi			
irst Name	Middle Name	Last Name	
irst Name	Middle Name	Last Name	
	on to identify your cas  Danielle Marazzi  First Name  First Name	irst Name Middle Name	Danielle Marazzi  iirst Name

### Official Form 106Sum

Case number (if known)

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	302,030.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,033.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	305,063.00
Pai	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	723,475.42
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	9,962.5
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	116,595.70
	Your total liabilities	\$	850,033.75
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,483.98
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,061.5
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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Debtor 1 Danielle Marazzi

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,483.88 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,962.57
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	3,372.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	13,334.57

Fill in this information to identify your case and this filing  Debtor 1  Debtor 2 (Spouse, if filing)  First Name  Middle Name	g:		
First Name Middle Name Debtor 2			
First Name Middle Name Debtor 2			
	Last Name		
(Spouse, if filing) First Name Middle Name			
	Last Name		
United States Bankruptcy Court for the: DISTRICT OF NE	W JERSEY		
Case number			☐ Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Property			12/15
hink it fits best. Be as complete and accurate as possible. If two information. If more space is needed, attach a separate sheet to the tanswer every question.  Part 1: Describe Each Residence, Building, Land, or Other Rea	his form. On the top of any additional	pages, write your name and case	
. Do you own or have any legal or equitable interest in any resid	lence, building, land, or similar prope	rty?	
□ No. Co to Bort 3			
No. Go to Part 2.			
Yes. Where is the property?			
To King George Road  Street address, if available, or other description  Warren  City  State  Very Sta	Land Investment property	Do not deduct secured class the amount of any secure Creditors Who Have Claim  Current value of the entire property? \$604,060.00  Describe the nature of y	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$302,030.00
	Other	(such as fee simple, ten	ancy by the entireties, or
	has an interest in the property? Check		storoot
Company	Dobies 1 estiny	Equitable marital in	iterest
Somerset			
County	Debtor 1 and Debtor 2 only	☐ Check if this is com	munity property
		,	
	r information you wish to add about tl erty identification number:	his item, such as local	
prop	•	d	
<b>.</b>	ed in name of Debtor's husban	ıa	

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Debtor 1	Danielle Marazzi		cument P	age 11 of 71 Case num	ber (if known)	
	raft, aircraft, motor homes, AT es: Boats, trailers, motors, persor					
■ No						
☐ Yes						
	e dollar value of the portion yo you have attached for Part 2. V					\$0.00
Part 3: D	escribe Your Personal and Househ	old Items				
	wn or have any legal or equital		ny of the following	items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Examp</i> □ No	nold goods and furnishings les: Major appliances, furniture, I Describe	inens, china, kito	chenware			
_ 100						<b>\$500.00</b>
	Stove					\$500.00
	Refrigerato	r				\$200.00
	Washer/Dry	/er				\$10.00
	Microwave					\$10.00
	Cooking ut	ensils				\$10.00
	Silverware/	flatware				\$10.00
	Cookware					\$10.00
	Living roon	n furniture				\$300.00
	Dining roo	n furniture				\$300.00

#### 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Tables and chairs

Desks/office furniture

Dressers/nightsnads, lamps and accessories

Bedroom fruniture

\$100.00

\$20.00

\$100.00

\$20.00

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Case number (if known) Document Debtor 1 **Danielle Marazzi** Yes. Describe..... \$150.00 Television VCR \$0.00 \$75.00 Computer and printer \$50.00 Speakers and Amp Cell phone \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$200.00 **Debtor's clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No ■ Yes. Describe..... \$400.00 Wedding ring and other jewelry/watches 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list

DVDs \_\_\_\_\_\$50.00

□ No

■ Yes. Give specific information.....

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Case number (if known) Document Debtor 1 Danielle Marazzi Push lawnmower \$10.00 Yard tools/equipment \$50.00 \$170.00 Carpenters tools, mechanics tools 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,845.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... \$170.00 **Capital One** Checking **Money Market** \$18.00 Account **Capital One** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately.

Institution name:

Type of account:

		nd prepayments sed deposits you have made so that you may conting ts with landlords, prepaid rent, public utilities (elect		or others
	Yes	Institution na	nme or individual:	
	_	for a periodic payment of money to you, either for I	life or for a number of years)	
	■ No □ Yes	Issuer name and description.		
24.	Interests in an educat	tion IRA, in an account in a qualified ABLE prog ), 529A(b), and 529(b)(1).	gram, or under a qualified state tuition progra	m.
		Institution name and description. Separately file the	e records of any interests.11 U.S.C. § 521(c):	
	Trusts, equitable or f ■ No	future interests in property (other than anything	listed in line 1), and rights or powers exercis	able for your benefit
		information about them		
		trademarks, trade secrets, and other intellectual omain names, websites, proceeds from royalties an		
	☐ Yes. Give specific in	information about them		
		s, and other general intangibles ermits, exclusive licenses, cooperative association	holdings, liquor licenses, professional licenses	
	☐ Yes. Give specific in	information about them		
М	oney or property owed	d to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to	you		
	■ No □ Yes. Give specific in	nformation about them, including whether you alread	dy filed the returns and the tax years	
	■ No	or lump sum alimony, spousal support, child suppor	t, maintenance, divorce settlement, property sett	lement
	☐ Yes. Give specific in	nformation		
		eone owes you ages, disability insurance payments, disability bene unpaid loans you made to someone else	fits, sick pay, vacation pay, workers' compensati	ion, Social Security
	Yes. Give specific in	information		
	Interests in insurance Examples: Health, dis	ce policies sability, or life insurance; health savings account (H	ISA); credit, homeowner's, or renter's insurance	
		rrance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	Any interest in prope If you are the benefici someone has died.  ■ No □ Yes. Give specific in	erty that is due you from someone who has died ciary of a living trust, expect proceeds from a life institution	I urance policy, or are currently entitled to receive	property because

Debtor 1

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Deb	or 1 <b>Dani</b>	elle Marazzi			Case number (if known)	
	Examples: Ac	st third parties, whether or not cidents, employment disputes, in			nd for payment	
	No Yes. Describ	pe each claim				
_		ent and unliquidated claims of	f every nature, inclu	iding counterclaims o	f the debtor and rights to	set off claims
	No Yes. Describ	oe each claim				
_		assets you did not already list				
	No Yes. Give sp	pecific information				
36.		ar value of all of your entries f				\$188.00
Part	5: Describe A	ny Business-Related Property You	ı Own or Have an Inter	est In. List any real estat	e in Part 1.	
37. <b>D</b>	o you own or h	ave any legal or equitable interest	in any business-relate	ed property?		
	No. Go to Part	5.				
	Yes. Go to line	38.				
Part		ny Farm- and Commercial Fishing or have an interest in farmland, list it i		Own or Have an Interest	ln.	
		r have any legal or equitable i	nterest in any farm-	or commercial fishing	g-related property?	
	No. Go to Pa					
	☐ Yes. Go to I	ine 47.				
Part	7: Descr	ibe All Property You Own or Have	an Interest in That You	u Did Not List Above		
	Examples: Se	other property of any kind you ason tickets, country club memb		?		
	No Yes. Give sp	ecific information				
54.	Add the doll	ar value of all of your entries f	rom Part 7. Write th	at number here		\$0.00
Part	8: List the	Totals of Each Part of this Form				
55.		real estate, line 2				\$302,030.00
56.		vehicles, line 5		\$0.00		
57.		personal and household item	s, line 15	\$2,845.00		
58.		financial assets, line 36		\$188.00		
59.		business-related property, lin		\$0.00		
60.		farm- and fishing-related prop		\$0.00		
61.	Part 7: Total	other property not listed, line	54 +	\$0.00		
62.	Total person	al property. Add lines 56 through	jh 61	\$3,033.00	Copy personal property t	otal <b>\$3,033.00</b>

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$305,063.00

		DUGUIEIII	Paue 10 OL / L	
Fill in this inform	mation to identify your	case:		
Debtor 1	Danielle Marazzi			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
Case number				
(if known)				☐ Check if this is amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the	Property You	Claim as Exempt
----------------------	--------------	-----------------

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	72 King George Road Warren, NJ 07059 Somerset County	\$302,030.00		\$23,675.00	11 U.S.C. § 522(d)(1)			
	Deed in name of Debtor's husband Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit				
	Stove Line from Schedule A/B: 6.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)			
	Line IIIIII Schedule PAB. 0.1			100% of fair market value, up to any applicable statutory limit				
	Refrigerator Line from Schedule A/B: 6.2	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)			
	Line Irom Schedule A/B. 0.2			100% of fair market value, up to any applicable statutory limit				
	Washer/Dryer Line from Schedule A/B: 6.3	\$10.00		\$10.00	11 U.S.C. § 522(d)(3)			
	Line Irom Schedule AVB. 0.3			100% of fair market value, up to any applicable statutory limit				
	Microwave Line from Schedule A/B: 6.4	\$10.00		\$0.00	11 U.S.C. § 522(d)(3)			
	Line from Schedule AVD. U.4			100% of fair market value, up to any applicable statutory limit				

Danielle Marazzi

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Case number (if known)

Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Cooking utensils 11 U.S.C. § 522(d)(3) \$10.00 \$10.00 Line from Schedule A/B: 6.5 100% of fair market value, up to any applicable statutory limit 11 U.S.C. § 522(d)(3) Silverware/flatware \$10.00 \$10.00 Line from Schedule A/B: 6.6 100% of fair market value, up to any applicable statutory limit Cookware 11 U.S.C. § 522(d)(3) \$10.00 \$10.00 Line from Schedule A/B: 6.7 100% of fair market value, up to any applicable statutory limit Living room furniture 11 U.S.C. § 522(d)(3) \$300.00 \$300.00 Line from Schedule A/B: 6.8 100% of fair market value, up to any applicable statutory limit **Dining room furniture** 11 U.S.C. § 522(d)(3) \$300.00 \$300.00 Line from Schedule A/B: 6.9 100% of fair market value, up to any applicable statutory limit **Tables and chairs** 11 U.S.C. § 522(d)(3) \$100.00 \$100.00 Line from Schedule A/B: 6.10 100% of fair market value, up to any applicable statutory limit **Desks/office furniture** 11 U.S.C. § 522(d)(3) \$20.00 \$20.00 Line from Schedule A/B: 6.11 100% of fair market value, up to any applicable statutory limit **Bedroom fruniture** 11 U.S.C. § 522(d)(3) \$100.00 \$100.00 Line from Schedule A/B: 6.12 100% of fair market value, up to any applicable statutory limit Dressers/nightsnads, lamps and 11 U.S.C. § 522(d)(3) \$20.00 \$20.00 accessories Line from Schedule A/B: 6.13 100% of fair market value, up to any applicable statutory limit Computer and printer 11 U.S.C. § 522(d)(3) \$75.00 \$75.00 Line from Schedule A/B: 7.3 100% of fair market value, up to any applicable statutory limit Computer and printer 11 U.S.C. § 522(d)(3) \$0.00 \$75.00 Line from Schedule A/B: 7.3 100% of fair market value, up to any applicable statutory limit Speakers and Amp 11 U.S.C. § 522(d)(3) \$50.00 \$50.00 Line from Schedule A/B: 7.4 П 100% of fair market value, up to any applicable statutory limit

Debtor 1

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Debtor 1 Danielle Marazzi Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Cell phone 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 Line from Schedule A/B: 7.5 100% of fair market value, up to any applicable statutory limit **Debtor's clothing** 11 U.S.C. § 522(d)(3) \$200.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit 11 U.S.C. § 522(d)(4) Wedding ring and other \$400.00 \$400.00 jewelry/watches Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **DVDs** 11 U.S.C. § 522(d)(5) \$0.00 \$50.00 Line from Schedule A/B: 14.1 100% of fair market value, up to any applicable statutory limit **Push lawnmower** 11 U.S.C. § 522(d)(5) \$10.00 \$10.00 Line from Schedule A/B: 14.2 100% of fair market value, up to any applicable statutory limit Yard tools/equipment 11 U.S.C. § 522(d)(5) \$50.00 \$50.00 Line from Schedule A/B: 14.3 100% of fair market value, up to any applicable statutory limit Carpenters tools, mechanics tools 11 U.S.C. § 522(d)(5) \$170.00 \$170.00 Line from Schedule A/B: 14.4 100% of fair market value, up to any applicable statutory limit Checking: Capital One 11 U.S.C. § 522(d)(5) \$170.00 \$170.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Money Market Account: Capital One 11 U.S.C. § 522(d)(5) \$18.00 \$18.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No 

Yes

Case 1	0-22125-10101	Document	Page 19	area 00/23/10 . Anf 71		6/25/18 10:12A
Fill in this informat	ion to identify you	ır case:				
Debtor 1	Danielle Marazz	i				
-	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	uptcy Court for the	DISTRICT OF NEW JERSEY				
Case number					_	k if this is an ded filing
Official Form	106D					
Schedule D	: Creditors	Who Have Claims	Secure	d by Propert	у	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors ha	ve claims secured by	y your property?				
□ No. Check th	is box and submit t	his form to the court with your other	r schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in al	I of the information	below.				
Part 1: List All S	Secured Claims					
		more than one secured claim, list the cre	editor senarately	, Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditor cal order according to the creditor's name	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 The Bank of	NY Mellon	Describe the property that secures	the claim:	\$723,475.42	\$604,060.00	\$119,415.42
	• •	72 King George Road Warre 07059 Somerset County Deed in name of Debtor's hi As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed	usband			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as car loan)	mortgage or sec	cured		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this clain community debt	n relates to a	Other (including a right to offset)	First Mortg	jage		
Date debt was incurre	August 2004	Last 4 digits of account num	ber			
Add the dollar value	e of your entries in C	olumn A on this page. Write that num	nber here:	\$723,47	75.42	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$723,475.42

Write that number here:

Ouc	JO 10 ZZYZO WIDIC	Docume	ent Page 20 of 7	1	10.04 000	6/25/18 10:12AN
Fill in this info	ormation to identify your case	:				
Debtor 1	Danielle Marazzi					
Dalatano	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the: DI	STRICT OF NEW JE	RSEY			
Case number (if known)					□ Chock	if this is an
(ii iaiomi)					_	led filing
<b>○</b> #:-:-!	**** 400E/E					_
	<u>rm 106E/F</u> <b>E/F: Creditors Who</b>	Hayo Uncoci	urod Claime			12/15
Be as complete any executory conscience Schedule G: Exe Schedule D: Cre	and accurate as possible. Use Par ontracts or unexpired leases that ecutory Contracts and Unexpired ditors Who Have Claims Secured	rt 1 for creditors with F could result in a claim Leases (Official Form of by Property. If more s	PRIORITY claims and Part 2 for . Also list executory contracts 106G). Do not include any credi pace is needed, copy the Part y	on Schedule A/B: P tors with partially s ou need, fill it out, ı	roperty (Official For ecured claims that a number the entries i	ist the other party to m 106A/B) and on are listed in n the boxes on the
	Continuation Page to this page. If y number (if known).	you have no information	on to report in a Part, do not file	that Part. On the to	op of any additional	pages, write your
Part 1: List	All of Your PRIORITY Unsecu	ured Claims				
1. Do any cree	ditors have priority unsecured cla	ims against you?				
☐ No. Go t	o Part 2.					
Yes.						
identify what possible, list Part 1. If mo	our priority unsecured claims. If a t type of claim it is. If a claim has bot t the claims in alphabetical order acc ore than one creditor holds a particul- anation of each type of claim, see th	h priority and nonpriority ording to the creditor's a ar claim, list the other cr	/ amounts, list that claim here and name. If you have more than two peditors in Part 3. rm in the instruction booklet.)	I show both priority a priority unsecured cla	nd nonpriority amoun aims, fill out the Conti	ts. As much as nuation Page of
				Total claim	Priority amount	Nonpriority amount
	epartment of the Treasury	Last 4 digits o	f account number 6862	\$9,962.57	\$9,962.57	\$0.00
ACS	Creditor's Name Support ox 8208	When was the	debt incurred?			
	delphia, PA 19101-8208 r Street City State Zlp Code	As of the date	you file, the claim is: Check all	that apply		
	rred the debt? Check one.	☐ Contingent	you me, the claim is. Check an	шаг арріу		
■ Debtor	1 only	☐ Unliquidate	d			
☐ Debtor	2 only	☐ Disputed	-			
	1 and Debtor 2 only	•	RITY unsecured claim:			
_	t one of the debtors and another		upport obligations			
	if this claim is for a community d	eht Taxes and	certain other debts you owe the go	overnment		
	m subject to offset?		death or personal injury while you			
■ No □ Yes	·	☐ Other. Spec	cify			
Part 2: List	: All of Your NONPRIORITY Ur	secured Claims				
	ditors have nonpriority unsecured					
•	have nothing to report in this part. S		ourt with your other schedules.			
Yes.						
	our nonpriority unsecured claims					

Total claim

Part 2.

than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Debtor	1 Danielle Marazzi	Document Page 2	1 of 71 Case number (if know)	0/23/10 10.12AI
4.1	Aes/wells Fargo	Last 4 digits of account number	0001	\$0.00
	Nonpriority Creditor's Name	_		
	Pob 61047	When we the debt incomed?	Opened 1/18/05 Last Active 8/23/10	
	Harrisburg, PA 17106	When was the debt incurred?	8/23/10	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	☐ Other. Specify		
	in res	Educationa		
		Educationa	11	
4.2	American Express	Last 4 digits of account number	3004	\$4,433.91
	Nonpriority Creditor's Name	- When we the debt in some do		
	PO Box 1270 Newark, NJ 07101-1270	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	mation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Credit card	purchases	
		— Other: Opecity	<u></u>	
4.3	American Express	Last 4 digits of account number	1001	\$23,158.00
	Nonpriority Creditor's Name PO Box 1270	When was the debt incurred?		
	Newark, NJ 07101-1270	When was the dest mounted.		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<b>3</b>	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

☐ Yes

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Debt	or 1 Danielle Marazzi		Case number (if know)	
4.4	Bk Of Amer Nonpriority Creditor's Name	Last 4 digits of account number	0183	\$0.00
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 04/05 Last Active 9/07/06	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.5	CAN Capital Asset Servicing  Nonpriority Creditor's Name	Last 4 digits of account number	7244	\$51,861.05
	414 W. 14th Street New York, NY 10014	When was the debt incurred?	August 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Business D		
4.6	Capital One	Last 4 digits of account number	5696	\$0.00
	Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 02/01 Last Active 8/07/08	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Credit Card	<u> </u>	

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Danielle Marazzi		Case number (if know)	
Castro Home Improvements	Last 4 digits of account number		\$2,778.75
	When was the debt incurred?		
Apt. 2			
Dover, NJ 07801	As of the date were file the plains	: OL	
	As of the date you file, the claim	is: Check all that apply	
<u> </u>	Contingent		
_			
<u> </u>	·		
	•	d claim:	
<u>_</u>	_	u ciaini.	
LI Check if this claim is for a community debt	_	pration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	diation agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Business I	Debt	
Citi	Last 4 digits of account number	2714	\$0.00
Nonpriority Creditor's Name		<del></del>	Ψ0.00
Po Box 6241 Sioux Falls, SD 57117	When was the debt incurred?	Opened 8/05/08 Last Active 3/25/11	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	<del>-</del>		
•			
-		d claim:	
_	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Care	<b>d</b>	
Edward Mueller Plumber Heating &			
Cooling	Last 4 digits of account number		\$4,275.00
	When was the debt incurred?	February 2017	
Suite 201			
Edison, NJ 08820			
	As of the date you file, the claim	is: Check all that apply	
_			
•	<del>-</del>		
	<u> </u>		
	•	d claim:	
	<u></u>	u ciaiii.	
		pration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aradon agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other Specify Business I	Debt	
	Castro Home Improvements  Nonpriority Creditor's Name 311 West Clinton St. Apt. 2 Dover, NJ 07801  Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Citi Nonpriority Creditor's Name Po Box 6241 Sioux Falls, SD 57117  Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Edward Mueller Plumber Heating & Cooling Nonpriority Creditor's Name 1941 Oak Tree Road Suite 201 Edison, NJ 08820  Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Ledison of the debtors and another Check if this claim is for a community debt Ledison of the debtors and another Check if this claim is for a community debt Ledison of the debtors and another Check if this claim is for a community debt Ledison subject to offset? No	Castro Home Improvements Nonpriority Creditor's Name 311 West Clinton St. Apt. 2 Dover, NJ 07801  Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Street City State ZIp Code Who incurred the debt? Check one.  Citi Nonpriority Creditor's Name Po Box 6241 Sioux Falls, SD 57117 Number Street City State ZIp Code Who incurred the debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? No Cooling Nonpriority Creditor's Name Debtor 1 only At least one of the debtors and another Check if this claim is for a community debt Debtor 1 only At least one of the debtor 2 only Debtor 2 only At least one of the debtor 2 only Debtor 1 only At least one of the debtor 2 only Debtor 1 only At least one of the debtor 2 only Debtor 1 only At least one of the debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only D	Castro Home Improvements

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Debt	or 1 Danielle Marazzi	Case number (if know)	
4.1	EFS Finance Co.	Last 4 digits of account number	\$0.00
0	Nonpriority Creditor's Name  900 Equitable Buil  604 Locust Street	When was the debt incurred?	
	Des Moines, IA 50309  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you direport as priority claims	d not
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Joseph Laudisi	Last 4 digits of account number	\$3,196.26
<u>'</u>	Nonpriority Creditor's Name  58 Estate Point Road	When was the debt incurred? December 2013	
	Toms River, NJ 08753  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, a control and you me, and committee chock an anax approp	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you di report as priority claims	d not
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt; promissory note	
4.1	Lecona Tile Pro	Last 4 digits of account number 1039	\$5,954.00
	Nonpriority Creditor's Name		
	745 Ogden Street 2nd Floor Elizabeth, NJ 07202	When was the debt incurred? April 2016	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you di report as priority claims	d not
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	

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Debtor	1 Danielle Marazzi	Case number (if know)	
4.1	Modern Limb & Brace Co.	Last 4 digits of account number 6034	\$188.11
3	Nonpriority Creditor's Name 916 Somerset Street Watchung, NJ 07069	When was the debt incurred?	<b>V</b>
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No □ Yes	Debts to pension or profit-sharing plans, and other similar debts	
	La res	Other. Specify	
4.1	Morristown Pathology Associates PA	Last 4 digits of account number 1111	\$555.00
	Nonpriority Creditor's Name 100 The American Road Suite 118 Morris Plains, NJ 07950	When was the debt incurred?	
	Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1			
5	NJCOSM	Last 4 digits of account number	\$500.00
	Nonpriority Creditor's Name 150 North Finley Avenue Basking Ridge, NJ 07920	When was the debt incurred?	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

Other. Specify

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Case Number (# know)

Debioi	Danielle Marazzi	Case number (if know)	
4.1	Paolo landiorio and Maria landiorio	Last 4 digits of account number 7518	Unknown
	Nonpriority Creditor's Name c/o PAWAR GILGALLON & RUDY LLC attn: Robert J. Rudy III 6 South Street, Suite 201	When was the debt incurred?	
	Morristown, NJ 07960		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Business Debt	
4.1	PNC Bank		\$916.00
7	Nonpriority Creditor's Name	Last 4 digits of account number	\$910.00
	PO Box 609 Pittsburgh, PA 15230-9738	When was the debt incurred? 7/28/2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
		_ Business Debt/Overdraft Charges & NSF	
	Yes	■ Other. Specify Fees	
4.1	PSEG	Last 4 digits of account number 5507	\$2,597.76
8	Nonpriority Creditor's Name		<del>,</del>
	PO Box 14444 New Brunswick, NJ 08906-4444	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Utilities	

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**RJT Electrical** \$5.325.00 Last 4 digits of account number Nonpriority Creditor's Name 133 Dorset Drive When was the debt incurred? 9/12/2015 Clark, NJ 07066 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Business Debt

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

report as priority claims

■ Other. Specify Business Debt

Is the claim subject to offset?

■ No

☐ Yes

4.2

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Case number (# know)

Deplor   Danielle Marazzi		Case number (if know)			
Simons Agency Inc  Nonpriority Creditor's Name	Last 4 digits of account number	9957	\$0.00		
4963 Wintersweet Dr Liverpool, NY 13088	When was the debt incurred?	Opened 12/14 Last Active 9/28/15			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	■ Debtor 1 only □ Contingent				
Debtor 2 only					
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify Collection	Attorney Summit Medical Group			
State of New Jersey Division of Taxation	Last 4 digits of account number		Unknown		
Nonpriority Creditor's Name Revenue Processing Center - Payments	When was the debt incurred?				
PO Box 111 Trenton, NJ 08645-0111 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	Debtor 1 only				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify				
State Of NJ Student Nonpriority Creditor's Name	Last 4 digits of account number	4NJC	\$1,726.00		
4 Quakerbridge Plz Trenton, NJ 08619	When was the debt incurred?	Opened 01/08 Last Active 4/30/18			
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing				
☐ Yes	Other. Specify				
	Educationa	al —			

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Deb	tor 1 Danielle Marazzi		Case number (if know)				
4.2 5	Summit Breast Care LLC	Last 4 digits of account number	5175	\$547.50			
	Nonpriority Creditor's Name 98 Ford Avenue Denville, NJ 07834	When was the debt incurred?					
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	☐ Yes	Other. Specify					
4.2	Syncb/banarepdc	Last 4 digits of account number	2633	\$0.00			
	Nonpriority Creditor's Name		Opened 10/31/10 Last Active				
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	11/10				
	Number Street City State ZIp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	<u></u> '	Type of NONPRIORITY unsecured claim:  Student loans				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?		Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharir	a plane, and other similar debts				
	☐ Yes	Other. Specify Credit Card	1				
4.2 7	Syncb/ethan Allen	Last 4 digits of account number	0148	\$0.00			
	Nonpriority Creditor's Name  C/o Po Box 965036	When was the debt incurred?	Opened 08/04 Last Active 11/18/05				
	Orlando, FL 32896		11/10/03				
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	☐ Yes	■ Other Specify Charge Ac					
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Debto	Danielle Marazzi		Case number (if know)			
4.2	Syncb/old Navy	Last 4 digits of account number	7845	\$0.00		
	Nonpriority Creditor's Name Po Box 965005	When was the debt incurred?	Opened 3/03/05 Last Active 5/12/15			
	Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Charge Acc				
4.2						
9	Syncb/tjx Cos Dc  Nonpriority Creditor's Name	Last 4 digits of account number	<u>8552</u>	\$0.00		
	Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 4/24/08 Last Active 6/30/11			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	debt Is the claim subject to offset?					
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Credit Card				
4.3	Tancredi Plumbing & Heating Contractors	Last 4 digits of account number	2627	\$165.00		
	Nonpriority Creditor's Name			<u> </u>		
	PO Box 206 Basking Ridge, NJ 07920	When was the debt incurred?	August 2016			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other. Specify Business D				

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Debto	Danielle Marazzi		Case number (if know)	
4.3	Thd/cbna	Last 4 digits of account number	5616	\$0.00
	Nonpriority Creditor's Name  Po Box 6497  Sioux Falls, SD 57117	When was the debt incurred?	Opened 7/02/07 Last Active 2/28/09	
	Number Street City State Zlp Code  Who incurred the debt? Check one.  As of the date you file, the city state and the debt of the date you file, the city state and the debt of the date you file, the city state and the date you file, the date		is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d alaim.	
	At least one of the debtors and another	Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	o plans, and other similar debts	
	Yes	Other Specify Charge Acc		
4.3	The Bernards-Ridge Connection	Last 4 digits of account number	8796	\$650.00
	Nonpriority Creditor's Name			
	PO Box 4081 Warren, NJ 07059	When was the debt incurred?	March 2016	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Debtor 1 only ☐ Contingent			
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only			
	At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Business D	Debt	
4.3	The Bridgewater Connection	Last 4 digits of account number	3762	\$650.00
ر ت	Nonpriority Creditor's Name PO Box 4081	When was the debt incurred?	March 2016	
	Warren, NJ 07059  Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	710 of the date you me, the claim.	or check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	ΠYes	Other Specify Business D	)eht	

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Debtor 1 only

L Deblor I only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

■ At least one of the debtors and another

☐ Check if this claim is for a community

debt

Is the claim subject to offset?

■ No
□ Yes

☐ Contingent

☐ Contingent

Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

eport as priority claims

Other. Specify

ner. Specify \_\_\_\_

Educational

Debts to pension or profit-sharing plans, and other similar debts

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

Schedule E/F: Creditors Who Have Unsecured Claims

Desc Main 6/25/18 10:12AM Case 18-22723-MBK Doc 1 Filed 06/25/18 Entered 06/25/18 10:15:34 Page 33 of 71 Case number (if know) Document Debtor 1 Danielle Marazzi **Nationwide Credit Inc** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 14581 ■ Part 2: Creditors with Nonpriority Unsecured Claims Des Moines, IA 50306-3581 Last 4 digits of account number 9213 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.14 of (Check one): Rickart Collection Systems, Inc. ☐ Part 1: Creditors with Priority Unsecured Claims 575 Milltown Road ■ Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 7242 North Brunswick, NJ 08902

9095

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 9,962.57
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 9,962.57
				Total Claim
	6f.	Student loans	6f.	\$ 3,372.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 113,223.76
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 116,595.76

Last 4 digits of account number

		1700.000	FAUE 04 01 / 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Danielle Marazzi			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY	_	
Case number				
(if known)				☐ Check if this is an
				amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<del></del>
	City		State	ZIP Code	
2.3					
	Name				<del></del>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<del>_</del>
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

		Document	Page 35 of 71	6/25/18 10:12Al
Fill in this	s information to identify your	case:		
Debtor 1	Danielle Marazzi			
200101	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, fil	ling) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
•				
Case num (if known)	nber			☐ Check if this is an
,				amended filing
Officia	al Form 106H			
Sched	dule H: Your Cod	ebtors		12/15
301100	adio III. I odi oda	<del></del>		12/13
eople are ill it out, a our name	e filing together, both are equa and number the entries in the e and case number (if known)	ally responsible for supplying boxes on the left. Attach the A	correct information. If more s additional Page to this page. (	nd accurate as possible. If two married pace is needed, copy the Additional Page, On the top of any Additional Pages, write
		for are ming a joint edge, do not	not chilor spouse as a codesion	
□ No				
■ Ye	S			
Arizo	na, California, Idaho, Louisiana, n. Go to line 3.	Nevada, New Mexico, Puerto R use, or legal equivalent live with	ico, Texas, Washington, and W	ty property states and territories include isconsin.)
in lin Form	e 2 again as a codebtor only i	f that person is a guarantor or	cosigner. Make sure you hav	se is filing with you. List the person shown e listed the creditor on Schedule D (Official ledule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		2: <b>The creditor to whom you owe the debt</b> I schedules that apply:
3.1	Kitchens Ltd		□ Saha	dule D, line
5.1	657 Valley Road			, <u>——</u>
	Gillette, NJ 07933			dule E/F, line <u>4.21</u> dule G
			RJT Ele	
3.2	Kitchens Ltd		☐ Sche	dule D, line
	657 Valley Road			dule E/F, line <b>4.12</b>
	Gillette, NJ 07933			dule G
				Tile Pro
3.3	Kitchens Ltd		☐ Sche	dule D, line
	657 Valley Road Gillette, NJ 07933			dule E/F, line <b>4.33</b>
	Ginette, NJ U/ 333		□ Sche	
			The Bri	dgewater Connection

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Debtor 1 Danielle Marazzi Case number (if known)

	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Kitchens Ltd	☐ Schedule D, line
	657 Valley Road	■ Schedule E/F, line 4.30
	Gillette, NJ 07933	☐ Schedule G
		Tancredi Plumbing & Heating Contractors
2.5	Kitahana I tal	
3.5	Kitchens Ltd 657 Valley Road	Schedule D, line
	Gillette, NJ 07933	Schedule E/F, line 4.20
		☐ Schedule G RC Electrical Contractors LLC
3.6	Kitchens Ltd	☐ Schedule D, line
	657 Valley Road Gillette, NJ 07933	■ Schedule E/F, line <u>4.32</u>
	Chieffe, No 07333	☐ Schedule G
		The Bernards-Ridge Connection
3.7	Kitchens Ltd	☐ Schedule D, line
0.,	657 Valley Road	■ Schedule E/F, line 4.11
	Gillette, NJ 07933	☐ Schedule G
		Joseph Laudisi
0.0	Michael I.d.	<b>5</b>
3.8	Kitchens Ltd 657 Valley Road	Schedule D, line
	Gillette, NJ 07933	■ Schedule E/F, line <u>4.9</u> □ Schedule G
		Edward Mueller Plumber Heating & Cooling
		<b>5</b>
3.9	Kitchens Ltd 657 Valley Road	Schedule D, line
	Gillette, NJ 07933	Schedule E/F, line 4.16
	•	☐ Schedule G Paolo landiorio and Maria landiorio
3.10	Luigi Marazzi	☐ Schedule D, line
	72 King George Rd	■ Schedule E/F, line 4.5
	Warren, NJ 07059 Kitchens	☐ Schedule G
	Monoria	CAN Capital Asset Servicing

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Case number (if known)

**Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3.11 Luigi Marazzi ☐ Schedule D, line 72 King George Rd ■ Schedule E/F, line 4.33 Warren, NJ 07059 ☐ Schedule G **The Bridgewater Connection** 3.12 Luigi Marazzi ☐ Schedule D, line \_\_\_ 72 King George Rd ■ Schedule E/F, line 4.30 Warren, NJ 07059 ☐ Schedule G **Tancredi Plumbing & Heating Contractors** 3.13 Luigi Marazzi ☐ Schedule D, line 72 King George Rd ■ Schedule E/F, line 4.32 Warren, NJ 07059 ☐ Schedule G The Bernards-Ridge Connection 3.14 Luigi Marazzi ☐ Schedule D, line 72 King George Rd ■ Schedule E/F, line 4.11 Warren, NJ 07059 ☐ Schedule G Joseph Laudisi 3.15 Luigi Marazzi ☐ Schedule D, line \_\_\_ 72 King George Rd ■ Schedule E/F, line 4.9 Warren, NJ 07059 ☐ Schedule G **Edward Mueller Plumber Heating & Cooling** 3.16 Luigi Marazzi ☐ Schedule D, line 72 King George Rd ■ Schedule E/F, line 4.16 Warren, NJ 07059 ☐ Schedule G Paolo landiorio and Maria landiorio 3.17 Olivia Manning-Saez ☐ Schedule D, line 13 Orchard Steet ■ Schedule E/F, line 4.1 Bernardsville, NJ 07924 ☐ Schedule G Aes/wells Fargo

Debtor 1 Danielle Marazzi

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Jebtor 1	Danielle Marazzi	Case number (if known)		
	Additional Page to List More Codebtors			
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:		
3.18	Olivia Manning-Saez 13 Orchard Street Bernardsville, NJ 07924 Daughter's student loan; daughter is making payments not in default	☐ Schedule D, line ■ Schedule E/F, line4.24 ☐ Schedule G State Of NJ Student		
3.19	Olivia Manning-Saez 13 Orchard Street Bernardsville, NJ 07924 Daughter's student loan; daughter is making payments not in default	☐ Schedule D, line ■ Schedule E/F, line4.36 ☐ Schedule G WF EFS		

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Fill	in this information to identify	/ VOIIt case.									
		lle Marazzi									
	otor 2 ouse, if filing)										
Uni	ted States Bankruptcy Cour	t for the: DISTRIC	T OF NEW J	ERSEY							
O Be a sup spo	fficial Form 106l  chedule I: Your  as complete and accurate plying correct information use. If you are separated a ch a separate sheet to this	Income as possible. If two If you are married and your spouse is	l and not filir not filing wi	ng jointly, and your th you, do not inclu	spouse i	s liv natio	A A A A A A A A A A A A A A A A A A A	3 income :  MM / DD/ Y  tor 2), bo you, incli	d filing ent showin as of the fo TYYY  th are equ ude inform ouse. If mo	nation about ore space is i	12/15 ible for your needed,
	t 1: Describe Emplo	·							,		
1.	Fill in your employment information.			Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one attach a separate page wi information about addition	th Employm	ent status	☐ Employed ■ Not employed				■ Emplo	•		
	employers.  Include part-time, seasona self-employed work.	Occupation of Company						Self-En	ployed		
	Occupation may include s or homemaker, if it applies	tudent Employer	's address								
		How long	employed tl	nere?				_			
<b>Esti</b> spou	mate monthly income as of use unless you are separated user your non-filing spouse to space, attach a separate state.	d. have more than one	this form. If y	•			oyers for	that perso			
							For Del	otor 1		btor 2 or ng spouse	
2.	List monthly gross wage deductions). If not paid m				2.	\$		0.00	\$	0.00	
3.	Estimate and list month	y overtime pay.			3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income.	Add line 2 + line 3.			4.	\$		0.00	\$	0.00	

Debtor '	Danielle Marazzi	_	C	ase number ( <i>if k</i>	nown)				
				For Debtor 1			Debtor 2		
C	opy line 4 here	4.	-	\$	0.00	\$	n-filing sp	0.00	1
<i>E</i> 1:									-
	ist all payroll deductions:	Fo		<b>.</b>		ď		0.00	
5a 5b	•	5a. 5b.			0.00	*		0.00	_
50	•	5c.		*	0.00	* * <del>*</del> -		0.00	_
50	·	5d.		: ———	0.00	\$ -		0.00	_
56		5e.		. —	0.00	\$		0.00	_
5f		5f.			0.00	\$		0.00	_
59	g. Union dues	5g.	. :	. ———	0.00	\$		0.00	_
5ł	h. Other deductions. Specify:	5h.	.+ 3	\$	0.00	+ \$_		0.00	_
6. <b>A</b>	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	S	0.00	\$_		0.00	_
7. <b>C</b>	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	S	0.00	\$_		0.00	_
8. <b>Li</b> 86	ist all other income regularly received:  a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								-
	monthly net income.	8a.	. :	\$	0.00	\$	5.5	00.00	
8k		8b.			0.00	\$		0.00	_
80	<ul> <li>Family support payments that you, a non-filing spouse, or a dependen regularly receive</li> <li>Include alimony, spousal support, child support, maintenance, divorce</li> </ul>	t							-
	settlement, and property settlement.	8c.	. :	\$	0.00	\$		0.00	
80	d. Unemployment compensation	8d.	. :	\$	0.00	\$		0.00	-
86	e. Social Security	8e.	. :	1,07	3.00	\$	9	10.98	_
8f	f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	;	\$	0.00	\$		0.00	
80	g. Pension or retirement income	8g.	. ;	\$	0.00	\$		0.00	_
81	h. Other monthly income. Specify:	8h.	.+ :	\$	0.00	+ \$_		0.00	_
9. <b>A</b>	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,07	3.00	\$_	6,4	410.98	8
10. <b>C</b>	alculate monthly income. Add line 7 + line 9.	10.	\$	1,073.00	+ \$	6.	410.98 =	\$	7,483.98
	dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	1,01010				· –	1,100.00
11. <b>S</b> t In ot De	tate all other regular contributions to the expenses that you list in Schedul include contributions from an unmarried partner, members of your household, you ther friends or relatives.  o not include any amounts already included in lines 2-10 or amounts that are not pecify:	r depe				•	Schedule J		0.00
W	dd the amount in the last column of line 10 to the amount in line 11. The refrite that amount on the Summary of Schedules and Statistical Summary of Certapplies						12.	\$	7,483.98
13. <b>D</b>	o you expect an increase or decrease within the year after you file this forn	n?						combine nonthl	ned ly income
_	No.  Yes Explain:								

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Fill	in this information to identify your case:				
Deb	otor 1 Danielle Marazzi		Che	eck if this is:	
				An amended filing	
Deb	otor 2				ving postpetition chapter
(Spo	ouse, if filing)			13 expenses as of	the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			MM / DD / YYYY	
Cas	se number				
(If kı	nown)				
Of	fficial Form 106J				
Sc	chedule J: Your Expenses				12/15
	as complete and accurate as possible. If two married people are f	filing together, bo	oth are eq	ually responsible fo	
info	ormation. If more space is needed, attach another sheet to this for mber (if known). Answer every question.				
Par	t 1: Describe Your Household				
1.	Is this a joint case?				
	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses fo	r Separate House	hold of De	btor 2.	
•	De vers have decreated and a				
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2.    Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
					□ No
3.	Do your expenses include				☐ Yes
Э.	expenses of people other than				
	yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est exp	timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple blicable date.				
Inc	lude expenses paid for with non-cash government assistance if y	ou know			
	value of such assistance and have included it on <i>Schedule I: You</i>				
(Off	ficial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. Incl payments and any rent for the ground or lot.	lude first mortgage	4.	\$	2,700.00
	If not included in line 4:				
				Φ.	2.22
	<ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or renter's insurance</li></ul>		4a. 4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		40. 4c.	·	0.00 100.00
	4d. Homeowner's association or condominium dues		4d.	\$	0.00
5.	Additional mortgage payments for your residence, such as home	e equity loans	5.	·	0.00

Debtor 1	Danielle Marazzi	Case num	ber (if known)	
6. <b>Util</b>	ities:			
6. <b>6</b> 1.	Electricity, heat, natural gas	6a.	\$	300.00
6b.	Water, sewer, garbage collection	6b.	\$	130.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	270.00
6d.	Other. Specify:	6d.	\$	0.00
	od and housekeeping supplies	7.	·	400.00
	Idcare and children's education costs	8.	\$	0.00
_	thing, laundry, and dry cleaning	9.	\$	35.00
	sonal care products and services	10.	\$	50.00
	dical and dental expenses	11.	· ·	10.00
	nsportation. Include gas, maintenance, bus or train fare.		<u> </u>	10.00
	not include car payments.	12.	\$	0.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.		· <del></del>	
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
15c	. Vehicle insurance	15c.	\$	250.00
15d	. Other insurance. Specify:	15d.	\$	0.00
. Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	cify: Debtor's spouce's tax obligation from self-employment incom	<b>e</b> 16.	\$	1,350.00
Spe	medical Deduction from Debtor's SS		\$	122.00
'. Inst	allment or lease payments:			
17a	. Car payments for Vehicle 1	17a.	\$	244.55
17b	. Car payments for Vehicle 2	17b.	\$	0.00
17c	. Other. Specify:	17c.	\$	0.00
17d	. Other. Specify:	17d.	\$	0.00
3. <b>Yo</b> u	ir payments of alimony, maintenance, and support that you did not report as	s	_	
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	•	0.00
. Oth	er payments you make to support others who do not live with you.		\$	0.00
	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			
	. Mortgages on other property	20a.	·	0.00
	. Real estate taxes	20b.	· .	0.00
	. Property, homeowner's, or renter's insurance	20c.		0.00
	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeowner's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:	21.	+\$	0.00
Cal	culate your monthly expenses			
	. Add lines 4 through 21.		\$	6,061.55
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,001.33
22c	. Add line 22a and 22b. The result is your monthly expenses.		\$	6,061.55
B. Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,483.98
	. Copy your monthly expenses from line 22c above.	23b.		6,061.55
	177		·	
23c	. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	1,422.43
For	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you ification to the terms of your mortgage?	ou file this	form?	·
$\Box$	Ves Explain here:			

Fill in this info	rmation to identify your	case:			
Debtor 1	Danielle Marazzi				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Case number					
(if known)		_			Check if this is an amended filing
	rm 106Dec		Dalataria Ca	lll	
Declara	tion About a	n Individual	Deptor's Sc	neaules	12/15
obtaining mone years, or both.		connection with a bankr			nent, concealing property, or , or imprisonment for up to 20
Did you p	pay or agree to pay some	one who is NOT an attorn	ey to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sumn	nary and schedules filed	d with this declaration	and
X /s/ Da	anielle Marazzi		X		
	elle Marazzi ture of Debtor 1		Signature of I	Debtor 2	
Date	June 25, 2018		Date		

Fill	in this inform	ation to identify you	r case:			
De	btor 1	Danielle Marazz	İ			
		First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ban	kruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Ca	se number					
	nown)				_	Check if this is an amended filing
						J. T.
Of	ficial For	m 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/16
			ible. If two married people a attach a separate sheet to			
nun	nber (if known	). Answer every que	stion.			
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	Married					
	■ Not marr	ried				
2	During the la	et 2 veere heve veu	lived anywhere other than	whore you live new?		
2.	During the la	ist 3 years, have you	lived anywhere other than	where you live now?		
	No					
	☐ Yes. List	all of the places you	lived in the last 3 years. Do no	ot include where you live now	I.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3.	Within the la	st 8 vears. did vou e	ver live with a spouse or leg	ial equivalent in a commun	ity property state or territor	rv? (Community property
			ilifornia, Idaho, Louisiana, Ne			
	■ No					
	_	ke sure you fill out <i>Sc</i>	hedule H: Your Codebtors (Of	ficial Form 106H).		
		•	,	,		
Pa	rt 2 Explair	n the Sources of You	ır Income			
4.			nployment or from operatin			endar years?
			ou received from all jobs and a have income that you receive			•
	□ No					
		in the details.				
			Debtor 1	Grand income	Debtor 2	Grand in acres
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last calendar nuary 1 to De	year: cember 31, 2017)	☐ Wages, commissions, bonuses, tips	\$30,120.00	☐ Wages, commissions, bonuses, tips	
			Operating a husiness		☐ Operating a business	

Official Form 107

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Debtor 1 Danielle Marazzi

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Case number (if known)

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		dar year befor December 31,		☐ Wages, commissions, bonuses, tips	\$24,592.00	☐ Wages, commissions, bonuses, tips	
				Operating a business		☐ Operating a business	
5.	Include include and other winnings. I	come regardles public benefit p If you are filing	ss of wheth payments; pa joint cas	er that income is taxable. Expensions; rental income; interest and you have income that you	o previous calendar years? amples of other income are a rest; dividends; money collec you received together, list it of tely. Do not include income the	ted from lawsuits; royalties; only once under Debtor 1.	
	□ No						
	■ Yes.	Fill in the detai	ls.				
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
		1 of current y iled for bankr		Social Security Benefits	\$12,145.50		
	r last calen nuary 1 to	dar year: December 31,	, 2017 )	Social Security Benefits	\$24,291.00		
		dar year befor December 31,		Social Security Benefits	\$12,224.00		
Pa	rt 3: List	Certain Paym	nents You	Made Before You Filed for	Bankruptcy		
6.		Debtor 1's or Neither Debt	Debtor 2'	s debts primarily consume	r debts? umer debts. Consumer debts	s are defined in 11 U.S.C. §	101(8) as "incurred by an
		□ No. G	days before 6 to line 7.		id you pay any creditor a tota	l of \$6,425* or more?	
		р	aid that cre		id a total of \$6,425* or more ints for domestic support oblig		
					s after that for cases filed on	or after the date of adjustme	ent.
	Yes.			r both have primarily consure you filed for bankruptcy, di	umer debts. id you pay any creditor a tota	l of \$600 or more?	
		■ No. G	o to line 7.				
		☐ Yes L	ist below e	ach creditor to whom you pai	id a total of \$600 or more and bligations, such as child supp		
		а	ttorney for	this bankruptcy case.			

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

**Creditor's Name and Address** 

Was this payment for ...

Page 46 of 71 Case number (if known) Document Debtor 1 Danielle Marazzi Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Collins vs DANIELLE MARAZZI, **CIVIL NEW FILING** MORRIS COUNTY SPECIAL Pending **LUIGI MARAZZI** CIVIL PART □ On appeal LT-000667-17 □ Concluded stub rent Overlook Medical Cen Ter vs CIVIL JUDGMENT SOMERSET COUNTY □ Pendina **DANIELLE MARAZZI** SPECIAL CIVIL PART □ On appeal DC00464014 □ Concluded - 2,870.00 The Bank of New York v. Danielle Mortgage Superior Court of NJ, Ch. Pending Marazzi. et al. foreclosure Div., Somerset □ On appeal F-45003-14 20 North Bridge Street □ Concluded Somerville, NJ 08876 Collection/Stub Super. Ct. of NJ, Law Div., Paolo landiorio and Maria landiorio Pending v. Danielle Marazzi, Luigi Marazzi, Rent Morris Ctv ☐ On appeal Kitchens Ltd Washington & Court Streets □ Concluded MRS-L-000475-18 Morristown, NJ 07960-0910 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 

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Page 47 of 71 Case number (if known) Document Debtor 1 Danielle Marazzi 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Karina Pia Lucid, Esq., LLC **Pre-Bankruptcy Consulting Fees** 4/11/2018 \$2,250.00 **PO Box 230** \$1,050.00 pd. on 4/11/2018 6/22/2018 Liberty Corner, NJ 07938-0230 Attorney Fees - Initla FRetainer for Ch klucid@karinalucidlaw.com 13 process pd. on 6/22/18

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Debtor 1 Danielle Marazzi

17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	tors or to make payments		alf pay or transfer any prope	erty to anyone who
	Yes. Fill in the details.  Person Who Was Paid  Address	Description and v transferred	alue of any property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alread No	business or financial affa made as security (such as t	nirs? he granting of a securit		
	Person Who Received Transfer Address	Description and v	red pa	escribe any property or ayments received or debts aid in exchange	Date transfer was made
	Person's relationship to you		·	ŭ	
19.	Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p  No  Yes. Fill in the details.		y property to a self-se	ettled trust or similar device	of which you are a
	Name of trust	Description and v	alue of the property to	ransferred	Date Transfer was made
					maao
Par	t 8: List of Certain Financial Accounts, I	nstruments, Safe Deposit	Boxes, and Storage	Units	
20.	Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass  No Yes. Fill in the details.	, or other financial accour	nts; certificates of dep		
		Loot 4 digito of	Type of account or	Data account was	l act balance
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within cash, or other valuables?	l year before you filed for	bankruptcy, any safe	deposit box or other depos	sitory for securities,
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		ribe the contents	Do you still have it?
22.	Have you stored property in a storage uni	t or place other than your	home within 1 year b	efore you filed for bankrupt	cy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		ribe the contents	Do you still have it?

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Debtor 1 Danielle Marazzi

Pai	t 9: Identify Property You Hold or Control for S	Someone Else									
23.	Do you hold or control any property that someone for someone.	ne else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust							
	■ No										
	☐ Yes. Fill in the details.										
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value							
Pai	rt 10: Give Details About Environmental Informa	ition									
For	the purpose of Part 10, the following definitions	apply:									
	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, ground	<del>-</del> •								
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used							
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,							
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	n they occurred.								
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?										
	■ No □ Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice								
25.	Have you notified any governmental unit of any release of hazardous material?										
	■ No □ Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.										
	■ No □ Yes. Fill in the details.										
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case							
Pai	rt 11: Give Details About Your Business or Con	nections to Any Business									
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have an	ny of the following connections to an	y business?							
	☐ A sole proprietor or self-employed in a to	rade, profession, or other activity,	either full-time or part-time								
	■ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)								
	☐ A partner in a partnership	• •	•								
	☐ An officer, director, or managing executive of a corporation										
	☐ An owner of at least 5% of the voting or	•									

Page 50 of 71 Case number (if known) Document Debtor 1 Danielle Marazzi No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Business Name Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Kitchens Ltd **Kitchens** 2277925 657 Valley Road Frank P. Nardi, Esq., Registered From-To December 11. 2002 - currnet (but Gillette, NJ 07933 Agent non-operating) 163 E. Main Street Little Falls, NJ 07525 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Danielle Marazzi Signature of Debtor 2 **Danielle Marazzi** Signature of Debtor 1 Date June 25, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your case:
Debtor 1	Danielle Marazzi
Debtor 2 (Spouse, if filing)	
United States B	ankruptcy Court for the: District of New Jersey
Case number (if known)	

Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:					
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
☐ 3. The commitment period is 3 years.					
4. The commitment period is 5 years.					
☐ Check if this is an amended filing					

### Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 5,500.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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**Danielle Marazzi** Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **SSA** 910.88 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 1,073.00 6,410.88 7,483.88 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 7.483.88 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 7,483.88 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 7.483.88 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 89,806.56 15b. The result is your current monthly income for the year for this part of the form.

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Debtor 1	Danielle Marazzi				Case number (if known)		
	alculate the median family incom	• •	es to you. Follow th	hese s	eps:		
					-		

16.	Calcu	ılate t	he median family income that applies to you	J. Follow these steps:			
	16a. l	Fill in t	the state in which you live.	NJ			
	16b. l	Fill in t	the number of people in your household.	2			
		To find	the median family income for your state and sized a list of applicable median income amounts, getions for this form. This list may also be availal	go online using the link specified in th	ne separate	\$	81,054.00
17.	How	do the	e lines compare?				
	17a.		Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NO				
	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcula</b> your current monthly income from line 14 about	tion of Your Disposable Income (C			
Part	3:	Calc	culate Your Commitment Period Under 11 U.	S.C. § 1325(b)(4)			
18.	Сору	your	total average monthly income from line 11	·		\$	7,483.88
19.	conte	nd tha se's in	e marital adjustment if it applies. If you are mat calculating the commitment period under 11 come, copy the amount from line 13.	J.S.C. § 1325(b)(4) allows you to dec	duct part of your	•	0.00
	19a. I	t the r	marital adjustment does not apply, fill in 0 on lir	e 19a.	-(	<b>—</b>	0.00
	19b. S	Subtra	act line 19a from line 18.			\$	7,483.88
20.	Calcu	ılate y	our current monthly income for the year. F	ollow these steps:			
	20a.	Сору I	line 19b			\$	7,483.88
	I	Multip	ly by 12 (the number of months in a year).			X	12
	20b.	Γhe re	esult is your current monthly income for the yea	r for this part of the form		\$	89,806.56
	20c.	Copy t	the median family income for your state and siz	e of household from line 16c		\$	81,054.00
	21.	How o	do the lines compare?				
			ine 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the top of p	age 1 of this form, check b	oox 3, <i>T</i>	he commitment
			ine 20b is more than or equal to line 20c. Unlead commitment period is 5 years. Go to Part 4.	ss otherwise ordered by the court, on	n the top of page 1 of this f	orm, ch	eck box 4, The
Part	4:	Sign	n Below				
	By sig	gning l	here, under penalty of perjury I declare that the	information on this statement and in	any attachments is true a	nd corre	ect.
Х	/s/ I	Danie	elle Marazzi				
			Marazzi				
	·		of Debtor 1				
	Dale		e 25, 2018 ODD / YYYY				
	If you	check	ked 17a, do NOT fill out or file Form 122C-2.				
	If you	check	ked 17b, fill out Form 122C-2 and file it with this	form. On line 39 of that form, copy	your current monthly incor	ne from	line 14 above.

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Fill in	this information to	dentify your case	e:					
Debto	r 1 Danielle I	Marazzi						
Debto (Spou	r 2 se, if filing)							
United	l States Bankruptcy C	ourt for the: Dist	rict of New Jersey					
Case (if kno	number wn)				☐ Ch	eck if this is	an amende	ed filing
	ı Form 122C-2 ıpter 13 Cald	culation of	Your Disp	osable Ir	ncome			04/16
	out this form, you wi itment Period (Offici		oleted copy of <i>Cha</i>	pter 13 Stateme	ent of Your Current Mon	thly Income a	and Calculat	ion of
space		separate sheet to	this form, Include t	he line number	ther, both are equally re to which additional info			
Part 1	Calculate Your	Deductions from	Your Income					
the		-15. To find the IR	S standards, go on	line using the l	r certain expense amou ink specified in the sepa			
exp	enses if they are high	er than the standa	ds. Do not include a	iny operating exp	ense. In later parts of the formates that you subtracte income in line 13 of Form	d from income		
If yo	our expenses differ fro	m month to month	, enter the average e	expense.				
Not	e: Line numbers 1-4 a	re not used in this	form. These number	rs apply to inforn	nation required by a simila	ar form used in	n chapter 7 c	ases.
5.	The number of peo	ple used in deter	mining your deduct	tions from inco	me			
	Fill in the number of plus the number of people the	ny additional depe	ndents whom you si	ptions on your fe upport. This num	ederal income tax return, aber may be different from		2	
Nat	ional Standards	You must use	e the IRS National St	tandards to ansv	ver the questions in lines	6-7.		
6.	Food, clothing, and Standards, fill in the		•	, ,	I in line 5 and the IRS Nat	tional	\$	1,202.00
7.	the dollar amount fo	r out-of-pocket hea or olderbecause o	Ith care. The numbe Ider people have a h	er of people is sp nigher IRS allowa	ntered in line 5 and the IR: lit into two categoriesper ance for health car costs. 22.	ople who are	under 65 and	

Case 18-22723-MBK Doc 1 Filed 06/25/18 Entered 06/25/18 10:15:34 Desc Main Document Page 55 of 71 Danielle Marazzi Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 104.00 Copy here=> 104.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 104.00 Copy total here=> 104.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 655.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,266.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment The Bank of NY Mellon 2,700.00 Сору Repeat this amount 2.700.00 2.700.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$\_\_\_\_\_\_\$\_\_\_0.00 | Copy here=> \$\_\_\_\_\_\_0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

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Debtor 1	Danielle Marazzi		Case number (if k	nown)		
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership o	or operating	expense.	
	☐ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	<b>Vehicle operation expense:</b> Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for					0.00
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1:					
13a	Ownership or leasing costs using IRS Local Standard		. \$	0.00		
13b	. Average monthly payment for all debts secured by Vehicle 1.					
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2:					
13d	. Ownership or leasing costs using IRS Local Standard			0.00		
13e	. Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	or			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
			Сору		Repeat this	
	Total average monthly payment	\$	here => -\$	0.0	amount on line	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	 \$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				」 n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i>	or more vehicles in line hat you believe is the a	e 11 and if you	claim that y		0.00

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Case number (if known)

Danielle Marazzi

		n addition to the expense d he following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, socia	al security taxes, and Medic wever, if you expect to rece in the total monthly amount	are taxes. ive a tax r	You may inc efund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from the taxes are the expected refund by 12 for taxes.	\$	0.00
17.	<b>Involuntary deductions:</b> The contributions, union dues, an		uctions tha	at your job re	quires, such as retirement		
			o, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	ents that you make for your life insurance on your depe	spouse's	term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: Tadministrative agency, such Do not include payments on	as spousal or child support	payments	S	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthl	· -					
	as a condition for your job	, or					
	for your physically or men	tally challenged dependent	child if no	public educ	ation is available for similar services.	\$	0.00
21.	<b>Childcare:</b> The total monthly Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health by a health savings account.	and welfare of you or your Include only the amount th	depender at is more	nts and that is than the tota		¢	0.00
	Payments for health insurance	_				\$	0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
	experiese, such as those rep	orted on line 5 of Official FC	orm 122C	-1, or any am	ount you previously deducted.	+\$	0.00
24.	Add all of the expenses all Add lines 6 through 23.				ount you previously deducted.	<b>+</b> \$ \$	1,961.00
	Add all of the expenses all	owed under the IRS expe	nse allow	ances.	ne Means Test.		
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability	These are additional do Note: Do not include and insurance, and health sa	nse allow eductions ny expens	allowed by the allowances count expen	ne Means Test.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance	These are additional do Note: Do not include and insurance, and health sa	nse allow eductions ny expens	allowed by the allowances count expen	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.	These are additional do Note: Do not include and insurance, and health sa	eductions ny expens avings ac unts that	allowed by the allowances count expension are reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance	These are additional do Note: Do not include an insurance, and health save, and health save, and health save,	eductions ny expens	ances. allowed by the allowances count expensere reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance  Disability insurance	These are additional do Note: Do not include an insurance, and health save, and health save, and health save,	eductions my expense avings acunts that a	allowed by the allowances count expension reasonab 0.00 0.00	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance  Disability insurance  Health savings account	These are additional de Note: Do not include at insurance, and health save, and health save, and health savings acco	eductions my expense avings acunts that a	ances. allowed by the eallowances count expensare reasonab  0.00  0.00  0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	1,961.00
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, vour dependents. Health insurance Disability insurance Health savings account  Total  Do you actually spend this to	These are additional de Note: Do not include at insurance, and health save, and health save, and health savings acco	eductions my expense avings acunts that a	ances. allowed by the eallowances count expensare reasonab  0.00  0.00  0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	1,961.00
Add	Add all of the expenses all. Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, disability insurance your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reaso	These are additional do Note: Do not include an insurance, and health save, and health save, and health save, and health savings accordant tal amount?  Ital amount? Ital amou	eductions ny expens avings ac unts that a  \$  \$  \$  family mand suppoor is unable	ances.  allowed by the see allowances count expensere reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ne Means Test. s listed in lines 6-24.  sess. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of such expenses. These expenses may	\$r	1,961.00
25.	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents. Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reaso your household or member of include contributions to an actually verset against family verset.	These are additional do Note: Do not include at insurance, and health save, and health save, and health save, and health savings account actually spend?  The care of household or nable and necessary care at your immediate family who count of a qualified ABLE piolence. The reasonably necessary care at the care of your immediate family who count of a qualified ABLE piolence. The reasonably necessary care at the care of your immediate family who count of a qualified ABLE piolence. The reasonably necessary care at the care of your immediate family who count of a qualified ABLE piolence. The reasonably necessary care at the care of your immediate family who count of a qualified ABLE piolence.	eductions ny expens avings ac unts that :  \$  \$  \$  family m and suppo o is unabl brogram. 2 ecessary i	ances.  allowed by the see allowances count expensere reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ne Means Test. s listed in lines 6-24.  sess. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of such expenses. These expenses may	\$r	0.00

Debtor 1

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btor 1	Danielle Marazzi	Case number (if known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operating	expenses	on		
	If you believe that you have home energy on the fill in the excess amount of home er	osts that are more than the home energy costs included in e nergy costs	xpenses o	n line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the actury.	dditional		\$	0.00
,		Iren who are younger than 18. The monthly expenses (not pendent children who are younger than 18 years old to atter				
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the not already accounted for in lines 6-23.	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the date of	adjustmen	t.	\$	0.00
		he monthly amount by which your actual food and clothing ear allowances in the IRS National Standards. That amount car s in the IRS National Standards.				
		ional allowance, go online using the link specified in the sepa so be available at the bankruptcy clerk's office.	arate			
	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the form of can inization. 11 U.S.C. § 548(d)(3) and (4).	sh or finar	icial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$	0.00
Dedı	ictions for Debt Payment					
lo T	pans, and other secured debt, fill in lines	ent, add all amounts that are contractually due to each secu				
	Mortgages on your home					monthly
33a.	Copy line 9b here			р => \$	aymen	t 2,700.00
oou.	Loans on your first two vehicles					2,700.00
33b.	0 1: 401.1			=> \$		0.00
33c.	O			=> \$		0.00
				Ψ		0.00
33d. Name	List other secured debts: e of each creditor for other secured debt	inc	es payme clude taxes insurance	6		
			No			
	-NONE-		Yes	\$		
			No			
			162	\$		
			No			
			Yes	+ \$		
33e	Total average monthly payment. Add lines	\$ 33a through 33d \$ <b>2,7</b> 0	00 00	Copy total here=>	\$	2,700.00

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Danielle Marazzi Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 72 King George Road Warren, NJ 07059 Somerset County The Bank of NY Mellon **145,945.29**  $\div$  60 = \$ 2.432.42 Deed in name of Debtor's husband  $\div 60 = \$$  $\div 60 = +$ \$ Сору total 2.432.42 2.432.42 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 166.04 9,962.57 ÷ 60 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 5.298.46 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 1,961.00 expense allowances Copy line 32, All of the additional expense deductions \$ 0.00 Copy line 37, All of the deductions for debt payment +\$ 5,298.46

7,259.46

Copy total here=>

Total deductions.....

7,259.46

\$

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ebtor 1	Danielle Ma	razzi	Case number (if known)						
art 2:	Determine \	our Disposable Income Under 11	U.S.C. § 1325	(b)(2)					
		urrent monthly income from line 1 ur Current Monthly Income and Ca						\$	7,483.88
<b>chi</b> disa rec	Idren. The monability payment eived in accord	nably necessary income you receive the property and the support pass for a dependent child, reported in Falance with applicable nonbankruptcy expended for such child.	yments, foster Part I of Form	care payme	nts, or you	\$	0	.00	
em in 1	ployer withheld 11 U.S.C. § 541	d retirement deductions. The month from wages as contributions for qua (b)(7) plus all required repayments of a.C. § 362(b)(19).	lified retireme	nt plans, as s	pecified	\$	0	.00	
42. <b>Tot</b>	al of all deduc	tions allowed under 11 U.S.C. § 70	07(b)(2)(A). Co	ppy line 38 h	ere=>	\$	7,259	.46	
exp the	penses and you ir expenses. Yo	ecial circumstances. If special circulation have no reasonable alternative, desput must give your case trustee a detail documentation for the expenses.	cribe the spec	ial circumsta	nces and				
Descri	be the special	circumstances		Amount	of expen	se			
				\$					
				\$					
-				\$					
			Total \$		0.00	Cop	oy e=> \$	0.00	
44. <b>To</b> t	tal adjustment	s. Add lines 40 through 43.			=> \$		7,259.46	Copy here=> -\$	7,259.46
45. <b>Ca</b> l		onthly disposable income under §	1 <b>325(b)(2).</b> S	subtract line 4	l4 from lin	ie 39	).	\$	224.42
46. <b>Ch</b> an hav time	ange in incom ve changed or a e your case wil ı filed your peti	e or expenses. If the income in Formare virtually certain to change after the labeled before the labeled to the	e date you file v. For example n, enter line 2 i	d your bankre, if the wage n the second	uptcy peti s reported column,	ition d inci	and during the reased after		
Form	Line	Reason for change		Date o	f change		Increase or decrease?	Amount of	change
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	0-2 0-1 0-2 0-1 0-2 0-1					_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Increase ☐ Decrease	\$ \$ \$	

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Debtor 1 Danielle Marazzi		Case number (if known)	
Part 4:	Sign Below		
В	y signing here, under penalty of perjury you declare that the informa	ation on this statement and in any attachments is true and correct.	
	/s/ Danielle Marazzi  Danielle Marazzi  Signature of Debtor 1		
	June 25, 2018 MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**District of New Jersey

In	re	Danielle Marazzi		Case N	0.	
			Debtor(s)	Chapte	r <u>13</u>	
		DISCLOSURE OF COMPENSA	ATION OF ATTOR	NEY FOR	DEBTOR(S)	
1.	con	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I appensation paid to me within one year before the filing of rendered on behalf of the debtor(s) in contemplation of or	the petition in bankruptcy,	or agreed to be p	aid to me, for services rendere	d or to
		For legal services, I have agreed to accept		\$	3,300.00	
		Prior to the filing of this statement I have received			1,050.00	
		Balance Due		\$	2,250.00	
2.	\$	310.00 of the filing fee has been paid.				
3.	The	source of the compensation paid to me was:				
		☐ Debtor ☐ Other (specify): ☐ Debtor's s	pouse			
4.	The	source of compensation to be paid to me is:				
		■ Debtor □ Other (specify):				
5.		I have not agreed to share the above-disclosed compensar	tion with any other person u	nless they are m	embers and associates of my l	aw firm.
		I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of				m. A
6.	In	return for the above-disclosed fee, I have agreed to render	legal service for all aspects	of the bankrupto	ey case, including:	
	b. c.	Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statemer Representation of the debtor at the meeting of creditors ar [Other provisions as needed]  Negotiations with secured creditors to reduce reaffirmation agreements and applications at 522(f)(2)(A) for avoidance of liens on housely	nt of affairs and plan which and confirmation hearing, and ce to market value; exe as needed; preparation a	may be required: I any adjourned  mption planni	hearings thereof;	of
7.	Ву	agreement with the debtor(s), the above-disclosed fee doe Representation of the debtors in any discha any other adversary proceeding, and exclude modification process.	rgeability actions, judic	ial lien avoida		ons or
		Cl	ERTIFICATION			
this		rtify that the foregoing is a complete statement of any agraruptcy proceeding.	reement or arrangement for p	payment to me fo	or representation of the debtor	(s) in
	Jun	e 25, 2018	/s/ Karina Pia Luci	d		
-	Date		Karina Pia Lucid Signature of Attorney Karina Pia Lucid, PO Box 230 Liberty Corner, N. 908 350 7505 Fax klucid@karinaluci	Esq., LLC I 07938-0230 : 908 350 4505	i	
			Name of law firm			

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## **United States Bankruptcy Court**District of New Jersey

		District of New Sersey		
ı re	Danielle Marazzi		Case No.	
		Debtor(s)	Chapter	13
	VE	RIFICATION OF CREDITOR N	AATRIX	
ab	ove-named Debtor hereby verific	es that the attached list of creditors is true and con	rrect to the best	of his/her knowledge.
te:	June 25, 2018	/s/ Danielle Marazzi		
		Danielle Marazzi		

Signature of Debtor

Aes/wells Fargo Pob 61047 Harrisburg, PA 17106

American Express PO Box 1270 Newark, NJ 07101-1270

Bk Of Amer Po Box 982238 El Paso, TX 79998

CAN Capital Asset Servicing 414 W. 14th Street New York, NY 10014

Capital One 15000 Capital One Dr Richmond, VA 23238

Castro Home Improvements 311 West Clinton St. Apt. 2 Dover, NJ 07801

Citi Po Box 6241 Sioux Falls, SD 57117

Edward Mueller Plumber Heating & Cooling 1941 Oak Tree Road Suite 201 Edison, NJ 08820

EFS Finance Co. 900 Equitable Buil 604 Locust Street Des Moines, IA 50309

IRS Department of the Treasury ACS Support PO Box 8208 Philadelphia, PA 19101-8208

Joseph Laudisi 58 Estate Point Road Toms River, NJ 08753

Lecona Tile Pro 745 Ogden Street 2nd Floor Elizabeth, NJ 07202

Modern Limb & Brace Co. 916 Somerset Street Watchung, NJ 07069

Morristown Pathology Associates PA 100 The American Road Suite 118 Morris Plains, NJ 07950

Nationwide Credit Inc PO Box 14581 Des Moines, IA 50306-3581

NJCOSM 150 North Finley Avenue Basking Ridge, NJ 07920

Paolo Iandiorio and Maria Iandiorio c/o PAWAR GILGALLON & RUDY LLC attn: Robert J. Rudy III 6 South Street, Suite 201 Morristown, NJ 07960

PNC Bank
PO Box 609
Pittsburgh, PA 15230-9738

PSEG PO Box 14444 New Brunswick, NJ 08906-4444

RBVH Hillsborough 210 Route 206 South Hillsborough, NJ 08844 RC Electrical Contractors LLC 23 Midvale Drive New Providence, NJ 07974

Rickart Collection Systems, Inc. 575 Milltown Road P.O. Box 7242 North Brunswick, NJ 08902

RJT Electrical 133 Dorset Drive Clark, NJ 07066

Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088

State of New Jersey Division of Taxation Revenue Processing Center - Payments PO Box 111 Trenton, NJ 08645-0111

State Of NJ Student 4 Quakerbridge Plz Trenton, NJ 08619

Summit Breast Care LLC 98 Ford Avenue Denville, NJ 07834

Syncb/banarepdc Po Box 965005 Orlando, FL 32896

Syncb/ethan Allen C/o Po Box 965036 Orlando, FL 32896

Syncb/old Navy Po Box 965005 Orlando, FL 32896

Syncb/tjx Cos Dc Po Box 965015 Orlando, FL 32896 Tancredi Plumbing & Heating Contractors PO Box 206 Basking Ridge, NJ 07920

Thd/cbna Po Box 6497 Sioux Falls, SD 57117

The Bank of NY Mellon c/o KML Law Group, PC 216 Haddon Ave., Suite 406 Collingswood, NJ 08108

The Bernards-Ridge Connection PO Box 4081 Warren, NJ 07059

The Bridgewater Connection PO Box 4081 Warren, NJ 07059

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